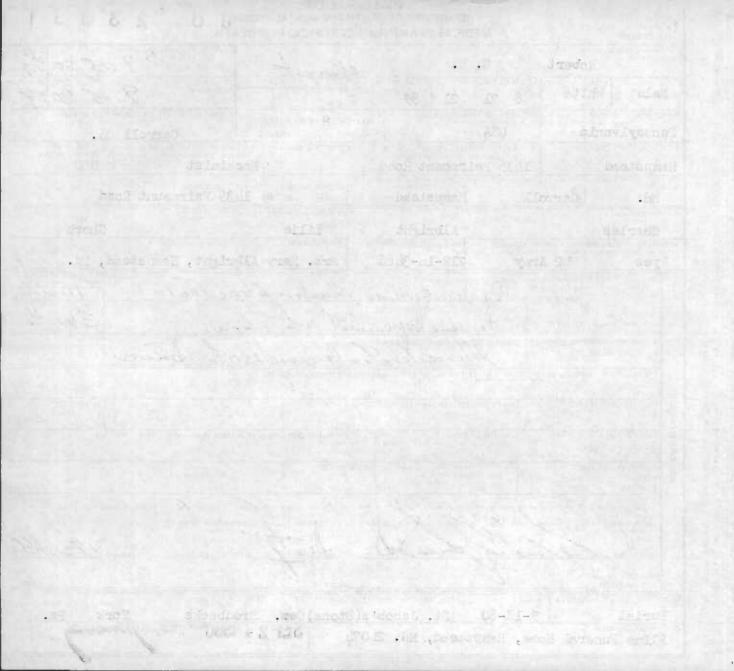
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~	DIRECTO	3. SEX	Male	White	MON	TE OF BIRTH	YEAR 21	6 AGE (IN YEA LAST BIRTHDA 59 YR	Y) MONTH	DAYS	IF UNDER		PRONOUNC DEAD	ED	9	/5 19	SO L
•	NECESSARY, PLEARING TOR FUNERAL DIRECTOR S FOR YOUR FILES. W. WITHIN 72 HOURS W. PRESTON STREET.	FC	RTHPLACE (S DREIGN COUNTRY) Ennsylv		7b C	USA	AT COUNT	RY?	MARRIE WIDOWE	4000	VER MARRI	IED 📙	9 BALTIMO	Carr		CO.	TH MD.
	F ANY DELAY IS NEC	На	ampste a	d	1,	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIN FOR MOST OF WORKING LIFE)						126 KIND					
21201	IF ANY D 3. RETAIN SHOULD I		AL RESIDENCE TATE Md.	113b. CC		R INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN Hampstead 134. INSIDE (ITY LIMITS? YES \(\text{NS IN SIDE}\) 130. STREET ADDRESS 1435 Fairmount Ro						ad					
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m,	AGES 1		Charle				-	ight			lie					Shorl	b
BALTIMOR	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF		yes		ARMED FOR	DATES)		4-3486		Mrs.		Albi	right,	ADDRESS Hamp		d, Md	^
S, 301 W. PRESTON ST.,	JTED WITHIN 24 HO N PENCIL IN ITEM 11 EXAMINER ALONG 11AL-TRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL.	ATION	Canditio gave ri cause (a lying cau	IMME IMME IMME IMME IMME IMME IMME IMME	JSED BY: DIATE CAL hich iate der-	DUETTO OR A	AS A CONS Hours	Myor Myor SEOURNCE O	Lea	Core	var y	Les el	ne for	ei Jue	ice		nonstantial Land
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OF VITAL	ESTOS 1	CERTIFICATION	21s EXTERNA	AL CAUSE WAS	5	21b. TIME OF HOUR A.M.		DAY YEAR	21c HO	W INJURY	OCCURRE	D (ENTERN	ATURE OF INJUR	RY IN ITEM 18 F	PART 1 OR PA	YES	
DIVISION	R: THIS CERTIFICATE S TE, WRITING THE WOI SWARDED TO THE OF A SHOULD BE STATE DEPARTMENT 21201 PRIOR TO BURIL	MEDICAL	CONTRIBUTI	NG CAUSE		P.M. 21e PLACE O STREET, FACTO			21f. LOC	ATION			CITY OF TOWN	N	COI	UNTY	STATE
•	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW AFTER DEATH, WITH THE STABLIMORE, MARYLAND, 212		1000	fy the		remoins disso	de partir de la constante de l	Took .	Autaps ade M.I	Halpin	Inspection	/ Undete	Inquiry Ermined man	ner,	d in my ap DATE SIGNE	17	5ept 80
	PAC PAC AFT	23e.B	URIAL, CREMA	TION,REMOV				AME OF CEN				23d LO	CATION		COUN	NTY	STATE
	BP		Burial		9-	18-80	St.	Jacob	o's(S	tone)		Broo	lbecks		Yo		Pa.
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	24 F	UNERAL DIREC	uneral	Home	, Hamps	stead,	Md.	21.074		3 LATE	2°4 81	SCISTRAR	75h REGIS	SURAB'S S	UE NATURE	7



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🞖 CERTIFICATE OF DEATH

5 3 5

L	REGISTRAR		CERTIFICATE OF PEATIF	REG NO	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	proe Edu	Aid BANDE	- Sent 2	1980 12150
-				J-P1 -	1100 12 - 7 W
13	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
L	Male	White	Sept 20 18		
D	BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	Balts G.	115A	WIDOWED DIVORCED	- 1 ana 11	County MD
11	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NO	URSING HOME OR OTHER INSTITUTION	1 12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Marichester	THE NOT IN SUCH FACILITY GIVE	11 1 1 1 1 1	MPBOF WORK FOR MOST OF WORKING	11. 121/16/
1	JSUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE		NC Nailroad Condu	The Jewn Harrood
Ti	38 STATE 136 COUN				0
7	Maryland Fat	House Balt	TMETE YES NO [3150 Keming to	on Hue
114	4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEI		
1	William	T Bak	er Dell	WIDDIE	(ross
10	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO 17 INFORMANT	ADDRESS	1
2	(YES, NO OR UNKNOWN) (IF YES, GIVE		7608 Long View N	lux Home Record 1	Marchester Md
F	100110	717 6		ars. Hora Heart, I	A ADDRESS OF THE PARTY OF THE P
1	18'CAUSE OF DEATH Enter on PART I DEATH WAS CAUSE		7 8009		BETWEEN ONSET AND DEATH
1		TE CAUSE 10 Come	well Vasanton	alludent	mant
Т	434-	DUE TO, OR AS A CONS	SEQUENCE OF.	9	
Н	Canditians, if any, which	1 b Com	elizal arter	onlenn-	15 4
1	gave rise to immediate		7		1
	cause a, stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF		
1		(c)			
L		ONDITIONS CONTRIBUTING	O TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1 a
	arterno	mente	Heart VI	reare	
J	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING				YES NO
	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 ORPART 2)
	OR CONTRIBUTING TO CAUSE OF DE				
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
	WHILE ON NOT WHILE O	(AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
T	AT WORK AT WORK			0 / 1	1.
1	22a I certify that II) this haspi	tall attended the deceased In	ram 0 19	1. 10 Sept d	. 19 (we) last
	saw the deceased alive an	it view the bady after death	.19, and that in (my) (aur) apo	inian death accurred an the date and ha	aur and Iram the causes stated
	226 SIGNATURE	9	DEGREE		Zh. DATE/SIGNED
	1 11 14	toward	ATTENDIN PHYSICIA	NG MEDICAL STAFF	9/2/20
1	224 PHYSICIAN'S NAME (TYPE O	RPRINT	- 122e ADDRESS 3	2 2 11 5 F	
	1/1/1/	. a. I MAY	7	ad Mars ? !	1
-	VVIII	0419/001-	MAN	CUPSTOF,M	d 4102
23	30. BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
	Burial	5 Sept.1980	Pine Grove Cemeter	D and	to.Co. Marvland

DHMH - 18 60M 1/73 [VR.A.15 [4]]

TO HOSFITAL

10 FUNERAL DRECTOR-should be detected for us -ith the Store Dept of Her MPORTANT # Nem 21 15

24 FUNERAL DIRECTOR
Burgee Funeral Home

Sept.1980 Pine Grove Cemetery Rayville Balto Co. Maryland

Jome 3631 Fails Rd. 21211 SEP 3 1980 SEP 3 1980

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
Į	1. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4	Margare	t E. Heagy	Beard	9	1180 1925
1	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	SETINDER YEAR SECTIOER 24 HRS
4	Female	White	10- 28- 1898	81 YRS	MONTHS DAYS HOURS MIN
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	18 35	9 BALTIMORE CITY OR COUNT	Y OF DEATH
4	Md .	II C A	MARRIED A NEVER MARRIED		
4	10 CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
q		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING L	
4	Westminster	Carroll Co. G		Checker	Canning
4	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b COU			13e STREET ADDRESS	
2	Md. Ca:	rroll Westmin	ster YES X NO [93 Timber Rid	ge Rrive
	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
6		dward Heagy	E.		dner
Ī	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDRESS	ancı
1	(YES, NO OR UNKNOWN) (IF YES, GIV	ne 215-18	1118 Cooper W	Boond Wastmin	- h - m - MA
				Beard Westmin	ster Md.
	18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE	only one couse per line for 10 , (b), an ED BY			BETWEEN ONSET AND DEATH
		ATE CAUSE O CARDIO	obenic stock		DAYS
	4140	DUE TO, OR AS A CONSEQU	ENCE OF		
-	Canditians, if any, which	(Ib) CONG	ESTIVE HEADS	T FAILURE	DAYS
1	gove rise to immediate	DUE TO OR AS A CONSEQU	ENCE OF		
1	underlying cause last		210 SCLEROTIC	HENDED DISKAGE	e Vientes
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GL	VEN IN PART I I O
Н	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
	FIC				FYING CAUSES OF DEATH?
Н	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	1214 HOW INDIVIDED OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
1	OR CONTRIBUTION TO CAUSE OF DE	LUCUID A III HONITU D		KRED (ENIER NATURE OF INJURY IN THEM IS	PART FOR PART 2)
1	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	WHILE AT WORK AT WORK		,	,	
1		oital) attended the deceased from _	8/30 19 81	0 10 9/11	19 80 , that (I (we) last
	saw the deceased alive ar	n 9/11 195	ond that in (my) (our) opinion	n death occurred on the date and ho	ur and from the couses stated
	17h SIGNATURE	of view the body ofter death.	DEGREE		22c DATE SIGNED
1	1/2 -011	200 1	100 ATTENDING	MEDICAL STAFF	9/11/00
4	228 PHYSICIAN'S NAME ITYPE	preces (PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11111
	THE PRISICIAN SNAME ITYPE		THE ADDRESS		
	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY 37 STATE
	SPEBurial	9/15/1980 D	eer Park	Westminster (carrol, Md

Deer Park

DHMH - 16 50M 1/76 (VR A 15 (4))

etoined by the hospital or

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbonapopers. Pages I and 2 should be filed with with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examiner must be notified as a second or second or

9/15/1980 24 FUNERAL DIRECTOR Kyle Prutts.

Westminster Carr oll,

oll, Md

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completely filled in by the funeral in and 2 should be filed within 72 f

signed by the attending physician and c hen please remove carbanpapers. Pages

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR					LTH AND MENTA	L HYGIENE	8 0 REG. N	2 :	5 3	5 4
		EASED NAME	FIRST	MIDDLE		LAST		2a D	ATE OF DEATH	MONTH DAY	-	2b HOUR
	11111	ON 1 KH4()	ELME	R E		Bo	SLEY		SEPT	14.	1980	6.30 A M
	3 SEX		4	RACE		5. DATE OF I	BIRTH YEA		E (IN YEARS LAST BIR	THOAY)	NINDER I VEAR	N FRASHR
		MALS	-	WHIT	_	4.	26.189	3	87	YRS 4	+ 18	
É	CC	RTHPLACE STATE O	R FOREIGN 76	CITIZEN OF WHAT	COUNTRY?	MARRIED	NEVER MARRIE	9 BA	LTIMORE CITY C	OR COUNTY O	FDEATH	- / /
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9	M	ANCHES	TER	(IF NOT IN SUCH FACIL	HOME	DRESS)	62 Bark		OF WORK FOR MOST		INDUSTRY OF D)
6	13a S	TATE ARYLIND	D CA		TANCHE		d. INSIDE CITY LIMI	TS? 13e S	TREET ADDRESS	PARK	AUEN	JUE
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ť		THOMA	15 5	P	OSLE	1	MARY	- {	LIZAB		100	skey
		AS DECEASED EVI ES, NO OR UNKNOWN)	(IF YES, GIVE W		OCIAL SECURI	17 NO. 17	8 Editl	FAV	re!	MAN	2 PAV chest	KAVE Fer hud
		18 CAUSE OF DE. PART I. DEATH	WAS CAUSED IMMEDIATE				TICULAR	. Ac	CIDENT		BETWEEN	WATE INTERVAL DISET AND BEATH
		436 - DUE TO, OR AS A CONSEQUENCE OF SEVERE PTHEROSCIERUTIC DISEASE										
		gave rise to it couse a sta underlying cau	sting the	DUE TO, OR AS A	CONSEQUEN	BRO-	voscul	m	ACCIDE	NT		
	NOI	PART 2 OTHER SE	GNIFICANT CO	ES CONTRI	MELL	ATH BUT NO		TERMINAL	ISEASE OR CON	DITION GIVEN	IN PART 1 o	
2	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDITION	FOR WHICH O	PERATION \	WAS PERFORMED	20c	AUTOPSY?	206 IF YES, V IN CERTIFY II YES	VERE FINDIN NG CAUSES I	
2		21a. ACCIDENT WAS LOR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.			IL HOW INJURY O	CCURRED IS	HITER HATCHS OF HOLD	RY OF DESIGNATION TO SERVICE	1-06/6487.2)	
	MEDICAL	216 INJURY OCCU	JRRED WHILE WORK	21e. PLACE (AT HOME, STREET, FAC			IL LOCATION	_	CITY ON TO	1.	COUNTY	MATE
		sow the dece	osed olive on	view the bady after of	0 19	, and 1	that in (my) (our) ap	oinian death a	occurred on the d	ote and hour a		that (we) lost couses stated
		72b SIGNATURE	RIY	ou avis		M.	ATTEND		DICAL STA		9 . 14	1.80
		224 PHYSICIAN'S	NAME /TYPE OF DE	0		2	2. ADDRESS					

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TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or attending physicial

DHMH - 16 60M 1/75 (VRA 15 (4))

236. DATE Sept-17,1986 23a BURIAL, CREMATION, REMOVAL

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BUVIA

234. NAME OF CEMETERY OR CREMATON

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	TO HOSPITAL S. ATTENDING PHYSICIAN. The law requires that the death certifical leasement willing the high recommend by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and complicate in the man attended to use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

FOR STATE REGISTRAR	DEPAS	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	TGIENE 8 0	2 3 3 5 5					
T DECEASED NAME FIRST	PRI) (NMN)	BOWMAN, SI	A DAIL OF DEATH	MONTH DAY YEAR 25 HOUR					
3 SEX	14 RACE	5 DATE OF BIRTH	AGE IN YEARS LAST BIRTH	-///					
MALE	NEGRO	July 10, 1909	71	MONTHS DAYS HOURS MIN					
Ja. BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTR	XY? 8	1 BALTIMORE CITY OF	11/2					
Maryland	U.S.A.	MARRIED WINEVER MARRIED L	Carroll	Co. MD					
10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY					
Westminster	CARROLL COL	UNTY G. N.	Laborer	Farm					
IAO STATE _ 136 CC	e or other institution, give residence being the pounty New Wi		13. STREET ADDRESS Route	2 - Box 95					
William	H. Bowman	15 MOTHER'S MAIDEN N	MIDDLE	Broughtus					
160 WAS DECEASED EVER IN U.S. (YES, NO ORUNKNOWN) (FYES.	ARMED FORCES? 166 SOCIAL SE SINE WAR OR DATES! 213-24		A. Bowman.						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
STIFIC			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO					
OR COLUMNIA CALLER OF	DEATH HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]					
(IF EITHER, NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	CITY OR TOW	N COUNTY STATE					
sow the deceased alive	ospital) attended the deceased from the last 16 19	MEDICAL STAF							
224 PHYSI TAPI'S NAME (TY	DE ORPRINTI	V hes Farelin	St. West	minter jud, 2115					
236 BURIAL, CREMATION, REMOVE (SPECIFY) Burial	74L 23b DATE 23 9-20-1980	Western Chapel	23d LOCATION CITY OF TOWN	Carroll, Md.					

DHMH-16 25M (VRA 15, 4) 1/79

Charles W. Burrier, Jr., Syresville, Md.

a cro o s o o o minimum management

. Mr. . (Lorrita)

 MARYLAND STATE DEPARTMENT OF HEALTH

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Walter Dabrowski 1902 Duedalk Avanue

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TO HOSPITAL OR ATTENDING PHYSICIAN The

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detacked for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified of ance.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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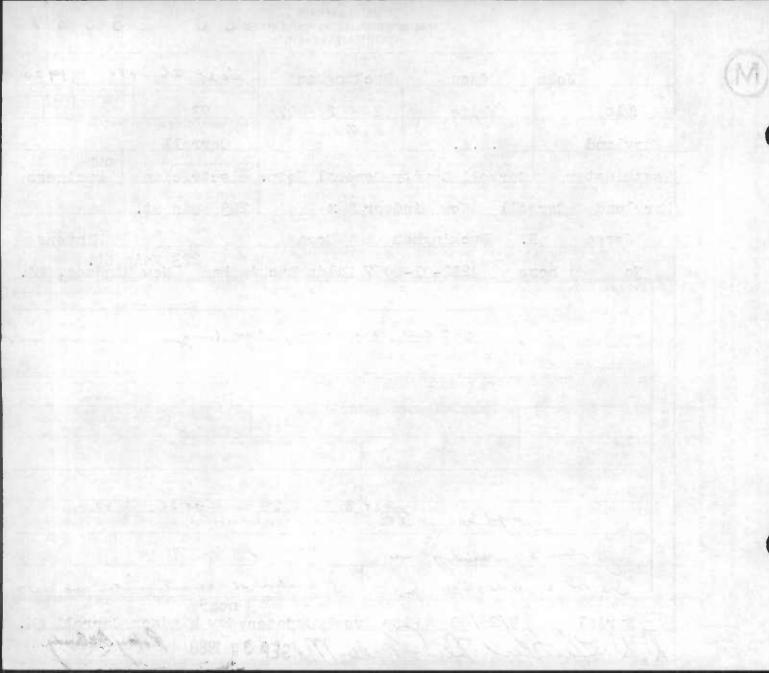
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1 DE	CEASED NAME OR PRINT)	FIRST	٨	AIDOLE	Ł.	ASÍ		20 DATE O	FDEATH	MONTH	DAY YEAR	2h HOUR
(1172	OR PRINTS	John	Od	len	Buc	kingh:	am	Au	2+2	6,19	980	1920
3 SEX	<	4.	RACE		5 DATE C		YEAR	6 AGE IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF INDER 24 HR
	Male		Whi	ite	2	2	07		73	YRS	MONTHS DATS	HOURS MIN
	RTHPLACE STATE OR	FOREIGN 7b		WHAT COUNTRY?	18	NEVER !	MARRIED [9 BALTIMO	ORE CITY O		Y OF DEATH	
	arvland		TLS.	Α.	WIDOWE		VORCED	Ca	forre	7		ME
10 CI	TY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN				12a USUAL	OCCUPATI	ON	13P KIND C	F BUSINESS OR
We	stminste	r (Jarrol	I Count	-	neral	Hosp.	-	etric			iness
USU	AL RESIDENCE HE HUI	RING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION			4				
	rvland	Carro	777	New Win	dsor	YES X	NO [13e STREET	Main	S+		
The second	THER'S NAME	TOALL		ING WILL	IGSOT		S MAIDEN NA	ME	- Carri	Due		
	Jesse	MID		ckingha	m	Co	FIRST		WIDDLE		TATE on	
160 V	VAS DECEASED EVE	RINIIS ARME		16h SOCIAL SECU		17 INFORMA			ADDRE	SS		ters
	ES. NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)	07.0 07	0050			. 1.	223	Mai		
-	No	none	9	515-01-	0057	Hild	a Buck	ingha	am	New		r, Md.
	18 CAUSE OF DEA	TH Enter only	one couse per	line for oi, bi, one	dc						BETWEEN	MATE INTERVAL ONSET AND DEATH
	1 4 4	IMMEDIATE										
	1629	1	DUE TO, OI	R AS A CONSEQUE	NCE OF							
	Conditions, if on	y, which	(b)	Oat cel	L Con	com	-, e	est 1	une.	_		
	gove rise to in		DUE TO O	DAS A CONSTONE	NICE OF		7	0	0			
1	underlying cous		DUE TO, OF	r as a conseque	NCE OF							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o											
Z	TAKT 2 OTTLER SIC	STAIL ICHTAIL CO	NDITIONS <u>CC</u>	ZATKIBOTHAO TO E	ZEATH BOT	NOT KELATEL	TO THE TERM	IIIAL DISEA.	SE OR COIN	DITION	A FLA ILA LAKT I	G.
CERTIFICATION	190 DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					20a AUT	OPSY?	20b IF YE	S, WERE FINDI	NGS USED
FF.	on T							YES	NOT		FYING CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UP	NDERLYING	216. TIME O	FINIURY		121c HOW IN	JURY OCCURE					140
	OR CONTRIBUTING		110110 1	M. MONTH DA	YEAR			(2				
CA	(IF EITHER NOTIFY MEDI		P./		19	1011 1 0 0 1 7 1	201					
MEDICAL	WHILE IT NOT		(AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET)N		CITY OR TOV	VN	COUNTY	STATE
	AT WORK AT W	WHILE ORK								200		
	22s.1 certify that (l) (this hospitol	oyended the	e deceased from	Hess	5,	19 80	to	syr:	26	19_80	that (1) (we) lost
	sow the deceo	sed olive on	Sept	26 19	800 . 00	d that in (my)	(our) opinion o	death occurr	ed on the do	ote and har	ur and from the	couses stated
	22h SIGNATURE	(did i did iid)	Hew Inc Dody	oner deam.		DEGREE					22c. DATE	SIGNED
	do	hours	Man	whomas -	w		ATTENDING PHYSICIAN TO	MEDICAL	STAF	FE		
	22d. PHYSICIAN'S N	AME (TYPE OR PI	RINT)	0		22e ADDRES		DIRECTOR	THISIC	.TAIT [
	1 6 141	1	1100-	11611		00	incher	At.	45.	Tunan	·	0 3445
	50/11/	2./	JARS.		D.						1	4,4107
	SURIAL, CREMATION	, REMOVAL	23b DATE	10-		EMETERY OR		2341			COUNTY	STATE
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24 F	NERAL DIRECTOR	1/ 6	1 1	ADDRESS	11.	o v	25a. DATI	E REC'D. BY	REGISTRAR	130 015	Aug Breed	Modely
1	1 1.4	delle	el	Kew &	+ Cres	Son //	ASEP	2 8 1	JOU	, ,	/	/

DHMH - 16 50M 1/76

(VR A 15 (4))

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etoined by the hospital or attending physician



DHMH-16 25M (VRA 15, 4) 1/79

1	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG NO		
	ECEASED NAME FIRST CAT	HERINE	OLIVIA	DAVIS	LAST	SEPTEMBER 12,	1980	26 HOUR
3 SE	Female	4 RACE White		Janu		6. AGE IN YEARS LAST BIRTHDAY	WE UNDER TYEAR	IF UNDER 24 HRS
3FL	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA		MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	Garroll Count		м
10	Eldersburg	2312	CHEACHLITY, GIVE STREET	le Dr		17a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKE Seamstress	G LEE) INDUSTRY	of Business of ue Shop
13a M		ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE TOWN Elders bu	/N	134 INSIDE CITY LIMITS?	13x STREET ADDRESS 2312 Lake Cit	ccle Driv	е
62	ATHER'S NAME FIRST William Owens		LAST			Wirginia Hutch	nins	ST
	WAS DECEASED EVER IN U.S. A. [YES, NO OR UNKNOWN] IF YES, GR	RMED FORCES? (E WAR OR DATES)	217-05-9		Mrs. Charlot		Same	MATE INTERVAL ONSET AND DEATH
NO	Canditions, if ony, which gove rise to immediate cause iot stating the underlying cause last PART 2 OTHER SIGNIFICANT	((c)_	OR AS A CONSEQU		NOT RELATED TO THE TERM	iinal disease or condition	GIVEN IN PART 11	o v
CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED		FYES, WERE FINDI RTIFYING CAUSES YES [
MEDICAL CER	7)R ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE) P	I.M. MONTH D	AY YEAR		RED JENTER MATURE OF IMJURY IN ITEM	A 18 PART T OR PART 2	
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	[AT HOME ST	OF INJURY TREET, FACTORY, OFFICE,	FARM, EJC)	STREET	CITY OR TOWN	COUNTY	STATE
	22a certify that (I) (this hase saw the deceased alive b above, (I) (ye) (did) (did n 22h SIGNATURE		9 19	8D.	DEGREE ATTENDING	death occurred on the date and	hour and from the	
1	Seymour V		M.D.		1900 E. No	rthern Parkway	Balto.,	Md.
	Burial, CREMATION, REMOVA (SPECIFY) Burial		15,1980	Drui	EMETERY OR CREMATORY d Ridge	23d LOCATION CITY OF TOWN Pikesville,		
1	FUNERAL DIRECTOR tchell-Wiedefel	ld Home,	ADOKE 33		York Rd. 250 DAY	PED IN BEGINSON RE	PERMENT	derion

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(117	Roma	ihe	J.	100	2		9 8	80	12:10A M
3 SE	x	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH		NIH VEAR	II NEER GHR
	F	W		01	08 31	49	YRS	WITE STATE.	ACEDRO MEN
	IRTHPLACE STATE OF FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Pennsylvania	/ 1	JSA	WIDOWE	- M.	Carro	ll Co.		MD
10 €	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	126 KIND C	OF BUSINESS OR
1	HAMPS Kad	4004 Sh	iloh Avei	nue		Line Worker	C WORLING LIFE)	INDUSTRY B	& D
USU 13a	AL RESIDENCE (IF NURSING HO CO STATE DU	NTY	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	hilot	, Au	e.
14 F	ATHERS NAME	WIDDLE	LACY		15 MOTHER'S MAIDEN NAM				
1	Howard	E.	Caldwel:	1	Cora	T.		She	nk
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
	no	e was Os Osica)	215-26-	1490	Mrs. Loveric	c Herman, Ma	anchest	er, N	Id.
	18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSI	nly one couse per ED BY TE CAUSE o	the I among	atic	Squamous	Call Car	cinona		XIMATE INTERVAL LONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause last	DUE TO, O	R AS A CONSEQUE		1 0	VIX			
N	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	CLE CLEV		INAL DISEASE OR CONE	OITION GIVEN	IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO NO	206 IF YES, V IN CERTIFYIN YES [INGS USED S OF DEATH?
EDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	finjury m. month da m	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	I OR PART 2}	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive or above 11 (we) (did) (did no	9	14 19	80	nd that in my lour opinion o	to to		nd from the	that II- (we) lost e couses stoted
	22b. SIGNATURE	n c	21-h	r		MEDICAL STAF	F IAN 🗆	224 DATE	3 PD
	Davis	OR PRINT)	Lahn		220 ADDRESS	sch Raver	2 Blu	Q =	21239

OR ATTENDING PHYSICIAN The TO FUNERAL DIRECTOR After should be detached for use as with the State Dept of Health MPORTANT If hem 21 is BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 9-10-80 234 NAME OF CEMETERY OR CREMATORY mmanuel Cemetery

23d. LOCATION CITY OR TOWN Manchester

Carroll

Md.

24 FUNERAL DIRECTOR
Eline Funeral Home, Hamp stead, Md.



Action Library Library Lionary standard was consort formed Chiles High surveys over Hore more, Not See S. S. P. S.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 [201 3 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle Lost 2b. HOUR 1. DECEASED-NAME First (Type or print) Month Doy Kenneth Leonard Engleke 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years last birthdoy) Whi te 5-15-21 Male papers. Pagi hin 72 haurs c 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED N Maryland U.S.A. DIVORCED | WIDOWED | Carroll 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddigess)
Springfield Hospital Center none INDUSTRY Sykesville remove carban campletely 130. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER event. the death certificate be executed 7935 Dalrose Avenue YES TO NO Maryland Baltimore Middle 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost First Pfieffer Engleke August Anna 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) mayal 217-12-3457 Records, Springfield Hospital Center 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Coronary occlusion-myocardial infarction hrs/min. 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Arteriosclerotic cardiovascular disease years burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse dav (c) Aspiration pneumonitis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ertificate has been sed for use as the base. of Health priar tab 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? certificate has CAUSES OF DEATH? YES DE NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY S DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote While Not while at work 22o. I certify that (1) (this haspital) attended the deceased from 10-14-58, 19 to 09-07 . 19 80 , that (I) (we) last sow the deceased glive on 09-07 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b SIGNATURE 9-8-80 Suhalpun ... D, director, page 3 shauld be filed w DEGREE 22e. ADDRESS Springfield Hosp tal Center NAME (Type) Suha Ozgun, M. D. Sykesville, MD 21784 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATURY (County) 23g. BURIAL CREMATION. 2 PARKWOOD 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25m-1/70 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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eath Page 4 may be

executed within 24 hours

and campletely filled in Transaction

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT. If them 21 is marked or them 18 spays any injury, ar ather traumatic event, th FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 3 6

REGISTRAR				CERTIF	ICATE OF	DEATH		REG.	NO			
1 DECEASED NAME	FIRST	M	IDDLE	1	ASI .		20 DAT	OF DEATH		DAY YEAR	26 HOU	
(TYPE OR PRINT)	EUA		m,	60	BRE	cht			8-2	8-1480	54	45 PM
SEX		4 RACE		5 DATE C		YEAR	6 AGE	IN YEARS LAST E	BIRTHDAY)	MON HE WAYS	H NOER	4 HR
FEMAL	E	Whit	e	8	3	1900		80	O YRS	MON HS DATS	HOURS	76174
BIRTHPLACE STATE	OR FOREIGN	Th CITIZEN OF W	VHAT COUNTRY?	8	- D NEVED	MARRIED 1	9 BALTI	MORE CITY	OR COUN	TY OF DEATH		
PENNSU!	VANIA	4.5		MARRIE		NARRIED IN		CAR	ROL	L		MD
CITY OR TOWN OF	W		OSPITAL, NURSIN	IG HOME C				IAL OCCUPA	ATION	126 KIND C	F BUSINE	
MANche	ster !	LONG	View 1	JURS	iNG	Home.	Legi		CCRET			
ISUAL RESIDENCE IN	NURSING HOME OR		GIVE RESIDENCE BEFORE		134 INSIDE	CITY LIMITS?		ET ADDRES		1		
md.	BAL	TIMORE	Reister				52		NDRA	GON C	7.	
14 FATHER'S NAME				5 10 001		SMAIDENNA	ME					
SAMUEL	~	DDLE 2	GOBRE	ChT	Da	FIRST		WIDDLE		BIR	cKh	1.01
160 WAS DECEASED E			166 SOCIAL SECU		17 INFORM	ANTO		ADD	RESS	1021	CND	GKI
(YES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	171-07-	1402	mar	GARET	T	FOBR	RECH	7 Reist	ersto Md.	wn,
T	EATH Enter onl	v one couse per l	ine for io , (b. oni	dic			4	,		APPROX BETWEEN	IMATE INTER	VAL
	TH WAS CAUSED	BY	auti	Car	lear	ann	lund	then				
1/5/	IMMEDIATI	E CAUSE a	ociaco		7-0-0	1	1	,		4-		
436	and the table	DUE TO, OR	AS A CONSEQUE	ENCE OF	gene	usle.	1	auto.	~	./,	ye.	> .
Conditions, if gove rise to		(b)			8	7			- Charle	uran	-	
underlying c		DUE TO, OR	AS A CONSEQUE	ENCE OF		0						
		(c)										
	SIGNIFICANT C	enditions co	1 cula	S a	NOT RELATE	lent (2) /	ease or co	etes	mell	les	
M 190 DATE OF OP	PERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 A	UTOPSY?		ES, WERE FINDI		
190 DATE OF OP							YES	NOF		TIFYING CAUSES YES []	OF DEAT	
210. ACCIDENT WA	S UNDERLYING	216 TIME OF		-2.7	21c HOW I	NJURY OCCUR	RED (ENTE	R NATURE OF IN	JURY IN ITEM T	8, PART 1 OR PART 2)		
OR CONTRIBUTION	CAUSE OF DEAT	HOUR AN	MONTH DA	AY YEAR								
(IF EITHER NOTIFY A 200 YAULU BILL		21e PLACE C		19	211 LOCAT	ION						
WHILE AT WORK	OT WHILE		ET, FACTORY, OFFICE, F	ARM, ETC.)	STREE			CITY OR 1	IOWN	COUNTY	51	ATE
22a 1 certify the	(I) this hospit	all ottended the	deceased from_	1/2	0118	, 19	to	9/28	140	19	that (1)	we lost
sow the de	ceased plive on	view the body	EU 19-	, or	nd that in (my	(our) opinion	death occ	urred on the	date and h	our and from the	couses sto	sted
226. SIGNATURE		view the body c	mer deam		DEGREE		1.7			22c. DATE	SIGNED	
1/1	1164	174501	1 . 11	1/)	ATTENDING PHYSICIAN	MEDIC	OR PHY	FAFF	19/	20/,	>
22d PHYSICIAN	S NAME (TYPE OR	PRINT)	1.00		22e ADDRE		2	1 ~) CIAIN GO	11/0	018	0
	1/1/	+F,	1.12	10	1111	272	1	an	20 11	7 //		
22. BUDIAL COLUMN	VV	100	tr V	11115 05 0	IVIA	NCHC	25 1	- CITION	VI d	4101		
230 BURIAL, CREMATI	on, REMOVAL	9/29/80) 136 1		View P	CREMATORY	130 F	BALL	imore.	MO	STA	NTE

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician.

> 24 FUNERAL DIRECTOR
> Elime Funeral Home Reisterstown, Md. 21136

250 DATE REC'D. BY REGISTRAR 251 HE TO THE TOTAL OF THE T 1980

The service of the day of the service of Carting and the second of the were the following NAME of the control of the second of the

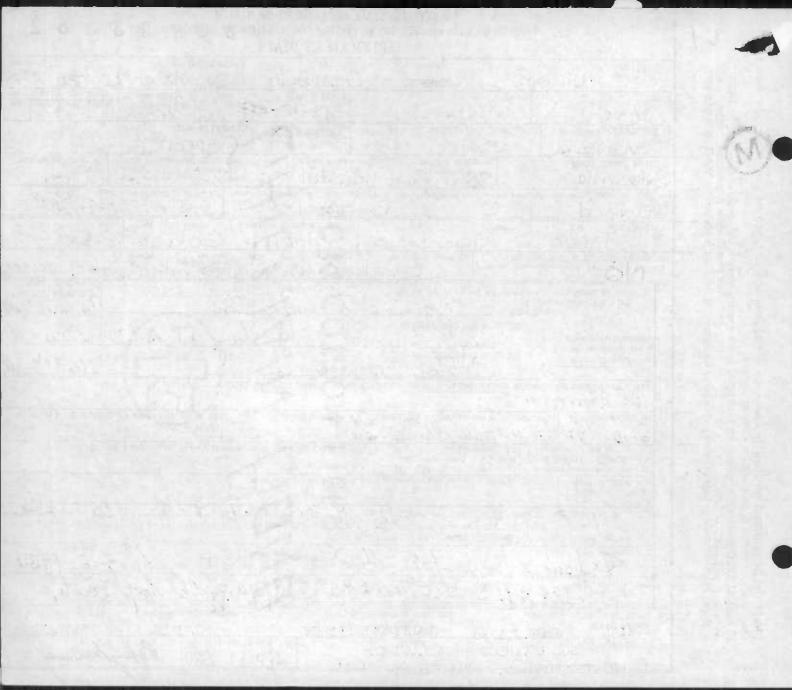
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2201 3 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First deoth. (Type or print) William iraanstein 5. DATE OF BIRTH 4 RACE 6. AGE (In years 3. SEX last birthday) MONTHS ! 12-10-Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED T WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR O. CITY OR TOWN OF DEATH give street, address) Field INDUSTRY Sykesvilla 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE YES NO Y and in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle 501d. scheider ragnstein 16b. SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MRS EVA SOLOMON APPOISS F burial, cremotian, or removal, 215-80-3926M2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 3010 ROMARIC CT #21209 BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Mysland IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR-AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work ased fram 9-11, 1945 ta 9-0, 1980, that # (was lost 1980), and that in (my) (can) apinian death accurred an the date and have and fram the 22a. I certify that (this haspital) attended the deceased from 9-14 saw the deceased alive an 9-14. TO FUNERAL DIRECTOR: causes stated abave, (1) (ve) (did) (did not) view the bady after death. 22b. SIGNATE ATTENDING PHYS. MED. DIRECTOR director, page should be filed 22e. ADDRESSO 22d PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE BALTIMORE HEBREW BALTIMORE MARYLAND 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215

w MEGressly

VR A15 (4)

25m-1/70



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Indicate the retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director of the should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 3 6 3

I DECEASED NAME	FIRST		MIDDLE		TAST	TIE DATE OF DEATH MONT	TH DAY YEAR	2h HOUR
(TYPE OR PRINT)	Edwar		W. Han			THE DATE OF DEATH	. ^	A CAL
	Edwa.	. 0.	ia • Trout			4	1-16-88	1,211
Male Male		4 RACE Whi	te	44.00-45	0F BIRTH 1904*	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
				Dec.	25, 1904	10	YRS	
TE BIRTHPLACE (STATE			WHAT COUNTRY?	MARRIE	ED H NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH	
Balto. M	d.	USA		WIDOW		Carroll Co.	•	MI
IO CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	17ª USUAL OCCUPATION	12b KIND	OF BUSINESS OR
Westminste	r	Carro	11 Co. Ho	spt.		Pressman	RKING LIFE) INDUSTR	er
USUAL RESIDENCE (#	NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION				
130 STATE Md.	13b COU	rroll	Hampstea	d b	134 INSIDE CITY LIMITS?	1004 Scarlet	Oak Ct.	
14 FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME		
FiRST	a D Hay	WIDDIE	LAST		Ella	N. Steibbac	ch	LAST
Franci			166 SOCIAL SECU	BUTWALC	17 INFORMANT	ADDRESS	922	
140 WAS DECEASED ET	(IF YES, GA	E WAR OR DATES			Mrs. Edward		od Md	
Yes	WW	2	216-07-99	978	Mrs. Edward	nand namps de	au, Mu.	
II CAUSE OF DE	EATH (Enter o	nly ane cause per	line for (a), (b), and	dici	Λ.	1 - 1	BETWE	EN ONSET AND DEATH
PART I. DEAT	H WAS CAUS	ED BY TE CAUSE (a)	Acu	Co	Myocardi	al wlastic	on C9	24 hou
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ET I						YEST NO	YES 🗌	NO 🗆
210 ACCIDENT WAS		1.00.00	FINJURY M MONTH DA	V VEAD		RED (ENTER NATURE OF INJURY IN II	TEM 18, PART 1 OR PART 2	1)
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(IF EITHER, NOTIFY M		71s PLACE	OF INJURY		211 LOCATION			
WHILE NO	T WHILE	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
		utal) attended th	e_deceased fram_	a	10 - 10 80	10 a-16	- 19.8-0	that (I) (we) las
	eased olive or	-	6 - 19 8	1	and that in (my) (aur) opinion	death occurred on the date a		
abave, (1) (w	e) (did) (did ii	on view the body	after death.					
TO DE	7-1				DEGREE	MEDICAL STAFF	IN DA	TE SIGNED
Com	wach	Mall	Napa	MAR	PHYSICIAN [DIRECTOR PHYSICIAN		
274 PHYSICIAN'S	NAME (TYPE	OR PRINT]	1 - 1.		270 ADDRESS	air y- werto	iniusto.	MOZI
CHIT	KACHE	DU N	ARXINA	14	114. EM	Com Al. mosty	war red	117 71
230 BURIAL CREMATK	N, REMOVA	236 DATE	23c N	IAME OF	CEMETERY OR CREMATORY	234 LOCATION	353 46	
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DHMH-16 25M (VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR Eline Funeral Home Hamps tead, Md. 21074 25. DATE REC'D. BY REGISTRAP 255 RECORAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	REGISTRAR			CERTIF	ICATE O	FDEATH	REG.	NO.		
	CEASED NAME FIRST		MIDDLE		AST	1112	20 DATE OF DEATH		DAY YEAR	26 HOUR
	CHARLES	EDG	AR	HOI	FF,	SR.	Sept	9, 1	980	1355 M
3 SEX		4 RACE		5 DATE C		_YEAR_	& AGE (IN YEARS LAST !	RTHDAY)	MONTHS DAY	
- 1	Male	Whi	te	Apri		1898	82	YRS	5 6	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVE	R MARRIED	9 BALTIMORE CITY	_		
-	ryland	U.S		WIDOWE	DX	DIVORCED [Carrol	1 Co.		MD.
	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING	HOME C	OR OTHER IN	NSTITUTION	12a USUAL OCCUPA			OF BUSINESS OR
_	estminster	Carrol	HOSPITAL, NURSING HEACHURY, GIVE STREET AS COUNTY	Ger	neral	Hospi	Tal Farm	er-re	ethred	
13e S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN Car	TOLL	Westmin	1		CITY LIMITS?	13x STREET ADDRES 801 Bl	oom I	Rd.	
14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME		WONE)	IAST
		M.	Hoff			Ada	С.		Arno	ld
	(AS DECEASED EVER IN U.S. AR	WAR OR DATES)	166 SOCIAL SECUR		17 INFOR			RESS 120		zzell Ro
	No		219-12-0	282	Ruth	H. Bu	ckingham,	Wes	tminst	er, Md.
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per D BY	Refracts	Ditto	,	¬ ;			BETWEE	OXMATE INTERVAL EN ONSET AND DEATH
	IMMEDIAT	E CAUSE (o)		0	pend	Jonly				
	Conditions, if any, which	DUE TO, O	RAS A CONSEQUEN							
	gave rise to immediate	(6)_								
	underlying couse lost	DUE TO, O	Generally	NCE OF	ather	escleros	ua.			
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DE	EATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART	1(0)
CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHICH C	PERATIO	N WAS PER	FORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUS 'ES []	DINGS USED LES OF DEATH?
	2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGHT A	M. MONTH DAY	Y YEAR	21c HOW	INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	, PART † OR PART 2	1
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	RM, ETC.)	211 LOCA		CITY OR I	OWN	COUNTY	STATE
~	MHILE NOT WHILE AT WORK									
	220 I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	selt 9	19 1		nd that in (n	19 9 19 19 19 19 19 19 19 19 19 19 19 19 19	death occurred on the	dote and ha		he couses stated
	226 SIGNATURE	/	direct dedition.		DEGREE				22¢ DA	TE SIGNED
	John S.	Hais	hung n	D.			DIRECTOR PHY	AFF	91	9/80
	224 PARISIAN'S NAME (TYPE O	R PRINT]	0		22R ADD		,			7 1 22 8
	JOHN S	. 14A	RSHEY U	ma	8	ducken	At. West	munt	in Dank	1,21157

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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: should be detached for use a with the State Dept. of Heal MPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 9-13-1980 Charles W.Burrier, Jr., Sykesville, Md.

236 DATE

23c. NAME OF CEMETERY OR CREMATORY Providence

Gamber

COUNTY STATE

Gamber, Carroll

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

T.A. C. U. Breefers . To month 165 and are recommended for the form Acres 10 Acr - 24 0-12-0252 Right T. - Well brond, West Linever, Jel. nu-signer, fromidence Comber, sample, it. A selection of the sele

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 29201 3 CERTIFICATE OF DEATH 2a. DATE OF DEATH Lost 1. DECEASED-NAME First Middle Doy 11 Yeor 80 Month 9 3:05PM (Type or print) Loretta Piper Pauline Hov S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years 3. SEX 4 RACE 04-06-11 Female White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED TO Carroll County. Maryland U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Springfield Hospital Ctr. during most of working life, even if retired.)
Welder INDUSTRY Sykesville, Maryland Shipvard 13o. USUAL RESIDENCE (Where deceosed lived, it is all it on: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY Baltimore YES NO Thou - Union Avenue any 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Crabba Arthur Piper Esther 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) 219-16-3196 Springfield Hospital Center Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Uremia weeks IMMEDIATE CAUSE (o) ___ buriol, cremation. DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove Carcinoma of cervix and upper vagina year rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been d be detached for use os the e State Dept. of Health priar to 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? NO T YES [21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 210. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote While Not while of work 22a. I certify that (*) (this haspital) attended the deceased from 8-21, 1979, ta 9-11, 19 and that in (*) (our) apinian death accurred an the date and haur and from the causes stated abave, (b) (we) (did) (abbot) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE Suherligum is . D. 9-11-80 DEGREE directar, page 3 should be filed 22e. ADDRESS Springfield Hospital Center 22d. PHYSICIAN'S TO FUNERAL Suha Ozgun, M.D. NAME (Type) Sykesville, Maryland 21784 23d. LOCATION (City or Town) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Winters Church Cemetery New Windsor Carroll 250. REC'D BY REGISTRAR 25b. RESIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 6 1980 Burgee Funeral Home 3631 Falls Road 21211 25m-1/70

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TENDING PHYSICIAN The low offending physician.

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TO HOSPITAL

FOR - STATE

STATE OF MARYLAND

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	REGISTRAR						REG			
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3. SI	EX		RACE		5 DATE O	F BIRTH	& AGE (IN YEARS LAST	ERTHDAY)	IF UNDER 1 YE	
	Male	EV 1	Caucas	sian	Nov		60	YRS	MONTHS DAY	S HOURS
	BIRTHPLACE (STATEO	R FOREIGN 7		WHAT COUNTRY?	1	-	9 BALTIMORE CITY			
	Marylan (3	USA		MARRIED		Carroll	Coun	ty	
	CITY OR TOWN OF		1. NAME OF	HOSPITAL, NURSIN	NG HOME O	OR OTHER INSTITUTION	12e USUAL OCCUP	ATION	126 KINE	OF BUSINES
	Finksbur	g	2876 1	cheacility, gwe street Lawndal e	e R.d.		Mail Ca	rrier	Pos	Offi
USU	UAL RESIDENCE (IF N	URSING HOME OF C	THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)			F	inksbu	rg, M
	Maryland	d Carro		Finksb	urg	136 INSIDE CITY LIMITS?	13. STREET APORES	awnda	ale Rd	. 2
_	ATHER'S NAME				0	IS MOTHER'S MAIDEN NAM				
	Willia		DDLE	Hubbar	ba	FIRST	MIDDLE		Ove	LAST CAST
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	TYES, NO OR UNKNOWN)	TATTAT	VAR OR DATES)	270 07	8996	Evangelin	o Unbham	d 1073	fo co	200
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3331 Brehms Lane Balto. Md. 21213

SEP 5

DHMH-16 20M (VRA 15, 4) 7/78

Home, Inc.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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e notified of once.

SEP 5 1980 Reported of

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
1 DECEASED NAME (TYPE OF PRINT)	Thoma		H. Jo	hnsor	AST 1	20 DATE OF DEATH	9° .	DAY YEAR	28 HOUR 6
3 SEX Male		4 RACE Black		S DATE O		6. AGE (IN YEARS LAST	YRS	# UNDER I YEAR MONTHS DAYS	HOURS MIN
De BIRTHPLACE (STATE COUNTRY) Maryl			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	0 77	110	OF DEATH	MC
Westmins		(IF NOT IN SUC	HOSPITAL, NURSING HEACHUTY, GIVE STREET	ADDRESS)	Hospital	(TYPE OF WORK FOR MO Custodia:	ST OF WORKING LIE	FEI INDUSTRY	Industr
USUAL RESIDENCE (# 13a STATE Md.	Nursing Home of National Palto	NTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Glyndon		134 INSIDE CITY LIMITS?	13. STREET ADDRE Insuli			
Edward		MIDDLE	ohnson		Nellie	MIDDL	E	Parker '	.st
160 WAS DECEASED ET (YES, NO OR UNKNOWN		RMED FORCES? E WAR OR DATES)	217-09-2		Ida M. Johns	on Baltim	press yward A ore, Ma	ve. ryland	21215
Canditians, if gave rise ta cause (a), si underlying co	any, which immediate lating the last	DUE TO, O DUE TO, O (c)	RAS A CONSEQUI RAS A CONSEQUI ARTE	NOE OF RIDL		o scheposi			EDEL
ING DATE OF OPI		196 COND	THROW ITION FOR WHICH	OPERATIO	N WAS PERFORMED	S-RAM NE	200 IF YES	S, WERE FINDI FYING CAUSES ES []	INGS USED
OR CONTRIBUTING (IF EITHER NOTIFY M 214 INJURY OCC	CAUSE OF DE	HOUR A P	M. MONTH D	19	211 LOCATION STREET	RRED (ENTER NATURE OF		PART 1 OR PART 2)	STATE
22a 1 certify that saw the decobave, (1) (w	eased alive are (did) (did no	view the bady	see {		DEGREE ATTENDING PHYSICIAN The ADDRESS Westminster	MEDICAL OIRECTOR PH	STAFF	ur and from the	that (I) (we) last causes stated ESIGNED
73e BURIAL CREMATIO	ON REMOVAL	123h DATE	1 230 1	NAME OF IC	EMETERY OR CREMATORY				

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR After this certificate has been should be deteched for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior MPORTANT: If frem 21 is marked or Item 18 shows.

to burial, cremation,

Burial Collungtowings Mils, Md. 24 FUNERAL DIRECTOR

Sept.

Lukes Cemetery

Reisterstown, Balto., Md.

258. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 8 1980

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DHMH-16 25M (VRA 15, 4) 1/79

MONTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
10 HGPP TALOH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may not are the hospital or attending physician.
TO FUNETIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, particular and being burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled within 72 hours after dimensial thygiene prior to burial, cremation, or removal

FOR

STATE OF MARYLAND 3 3 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR			CERTIF	ICATE OF DE	ATH	RE	G NO		
		CEASED NAME FIRST	MI(DDLE	j ti	NŠT .		20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
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	3 SE	Female	Whi	te	S DATE C	DAY	9/2	6 AGE IN YEARS LA	AST BIRTHOAY]	MONTHS DAYS	
1		RTHPLACE (STATE OR FOREIGN OUNTRY).	CITIZEN OF W	HAT COUNTRY?	MARRIE	NEVER MA	RRIED 🗆	BALTIMORE C	ITY OR COUP	NTY OF DEATH	4
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0	10 CI	lestminster !!		SPITAL, NURSING		ROTHER INSTIT	oitAL	TYPE OF WORK FOR	UPATION MOST OF WORKIN		OF BUSINESS OR
3		AL RESIDENCE (IF NUR DE ROTE STATE		Reisters	ADMISSION)	134 INSIDE CITY	LIMITS?	130 STREET ADD	Stoc	KSdAL	2 Aug
0	14 FA	Lein UAL MD	DIE P	BeA	n	15 MOTHER'S A	LA L	E LA	DLE P	Pop	5.
2		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR ORDATES)	16-18-1	821	DI ANA	Mee	2 .	185.Ta	ollgate R	ngs mills
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF		O THE TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PART I	10
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPSY	IN CEI	YES, WERE FIND RTIFYING CAUSE YES []	
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	21h TIME OF HOUR A.M	MONTH DA	Y YEAR	21¢ HOW INJU	RY OCCURRE	D JENTER NATURE C	OF INJURY IN ITEM	18, PART 1 OR PART 2	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF		ARM, ETC.)	21f LOCATION		CITY	OR TOWN	COUNTY	STATE
		27e I certify that (I) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death. 27b SIGNATURE DEGREE								hour and from th	, that (1) (we) last e causes stated E SIGNED
/		27d P-105 EIAN'S NAME ITYPE OR PR	,	CHEY M.	-50 V.		ENDING YSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	19/	21/80 ml 21157
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE 5ept. 23	3,1980 R	AME OF C	metery or cri	4. Cen	236 LOCATION CITY OR TOW RCIS	NL E	count BA (to slate d.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funerally should be detached for use as the buriol transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hwith the State Dept of Health and Mental Hygiene prior to burial, cremation or removal.

IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be positived of order.

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executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

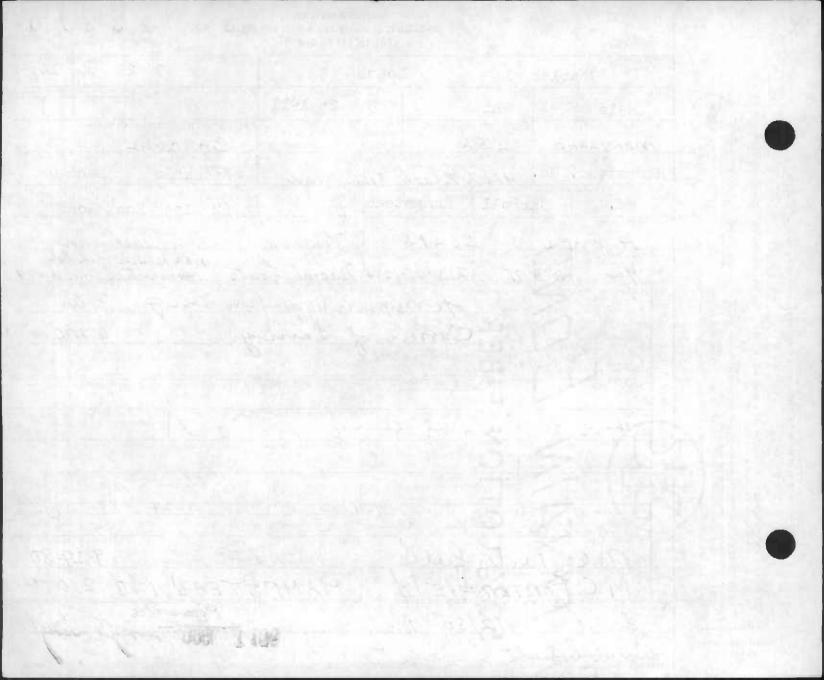
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- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	0		
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18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS IMMEDIA	inly ane cause per line far lov ED BY TE CAUSE a	mmur	hoge 1	hm Lu	9	4	MATE INTERVAL ONSET AND DEATH
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OR COLUMN IT I I CALLER OF OL	HOUR A.M. MON	TH DAY YEAR	W INJURY OCCURR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1	OR PART 2)	
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27a. I certify that () (this hosp saw the deceased alive a above () (we) (did) (did)	G a. (1980 and that in	0	to 9- deoth accurred on the do	29 192 ate and have an		that (D)(we) last causes stated
226 SIGNATURE	arter li	ed DEGREE	ATTENDING PHYSICIAN	MEDICAL STAP	IAN 🗌	9- 2	9-80
22d PHYSICIAN'S NAME OF	RTERALLE	= 1 d 22e AD	JAMP.	STEAd	1/0	121	1074
230 BURIAL, CREMATION, REMOVA	23b. DATE 9/2/80	230. NAME OF CEMETERY	ORCREMATORY	n 109Piches	ville	et in	Sal.
24 FUNERAL DIRECTOR	1111 & ADI	DRESS	1 154	1 T 1000	III/REFIZED	SIGNAT	(M)

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mplethly and 2 sh ATTENDING PHYSICIAN The low requires that the death certificate be executed TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and sur-should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. retorned by the hospital or attending physician.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

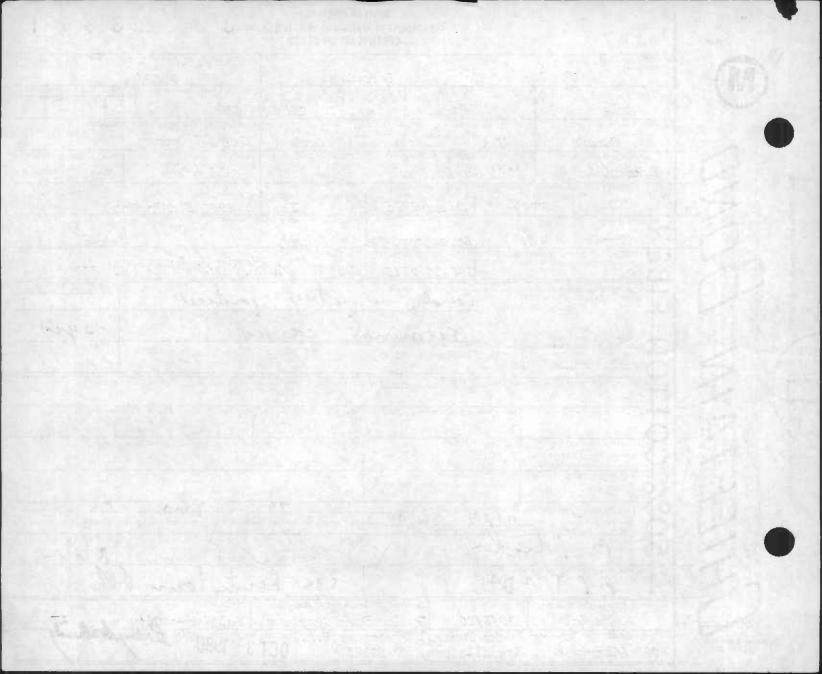
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14 F	ATHER'S NAME FIRST Charles	MIDDLE T.	Lorentso	n. Sn	15 MOTHER'S MAIDEN NA	WE		Jensen	1
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		(c)_	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVE	EN IN PART 1 c	
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	226. SIGNAL BE	Mid	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		10 d	LIBU
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	BURIAL, CREMATION, RE (SPECIFY) Burial	10/3	/80 Lot	udon i	emetery or crematory Park Cemetery	23d LOCATION CUTY OR TOWN Baltimor	e City	COUNTY	STATE
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ony injury, or other troumotic event, th TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or litem. 18 shows ony injury, or other traumatic event, it

and completely filled in by the oges 1 and 2 should be filed with

ottending physicion and c love corbanpapers. Pages

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO	Sin 1	0 0	1 60
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3 SE	× Female	4.	RACE White		OCCU.	10,° 1890 AR	6 AGE LIN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
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USU 13a :	AL RESIDENCE (IF NURSING STATE Md.	HOME OR OT	roll	FINKS O	re admission)	13d. INSIDE CITY LIMITS? YES NO	13e STREEDADDRESS	ff Lane	9	
	Walter's NAME	5	DLE	Maxwell		Mary	M€ M ^{widdle}	Kei	nnedy ^{'^°}	51
160 \	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARME IF YES, GIVE W		212-07-		Mrs. Mary M.	Trumpower		inster	, Md.
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24 FUNERAL DIRECTOR
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Finksburg,

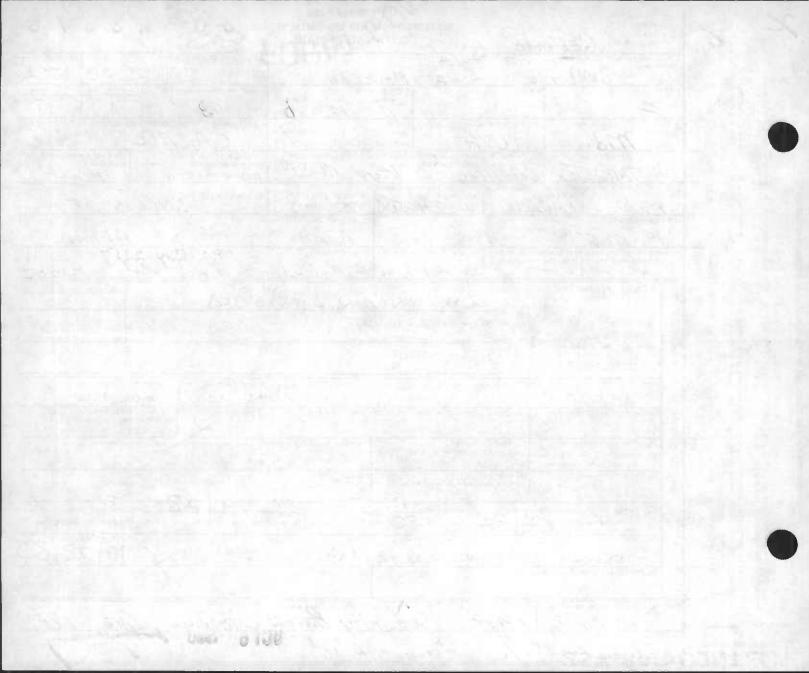
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRSI 2ª DATE OF DEATH MONTH DAY YEAR 7h HOUR (TYPE OR PRINT) & AGE LIN YEARS LAST BIRTHDAY! 3 SEX 4 RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR S MONTHS DAYS HOURS. P BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 17h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Due maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS WILL ANNOU NO | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ON 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11 CAUSE OF DEATH (Enter only one couse per line for to), the unit is PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause ioi, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OWEN IN-MART 110 CERTIFICATION 206 IAYES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO I YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURAIN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING . CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from

saw the deceased alive ga____ and that in (my) (gor) opinion death accurred on the date and have and from the causes stated abave, (1) (wg) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c DIATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN [DIRECTOR PHYSICIAN FUNEF 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS ORT 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION 230 BURIAL CREMATION REMOVAL 23h. DATE 10-1-80 BP. AR 256 MENTER HE HEN ATURE 24 FUNERAL DIMECTOR DHMH-16 25M (VRA 15, 4) 1/79



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FOR = STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriol-transit with the State Dept of Health and Mental Hygir etoined by the hospital

O HOSPITAL BP.

ATTENDING PHYSICIAN.

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216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRE	IFIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	1	CERTIFYING CAUSES	OF DEATH?
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21e. Certify that (I) (this haspital attended the deceased from saw the deceased alive an above, (I) (we) idid) (idid not) view the body after death.	CAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR			NO []
220 I certify that (I) (this haspital attended the deceased from 19 80 to 19 80 to 19 80 that (I) (we saw the deceased alive an 19 80 ond that in (my) (our) apinion death occurred on the date and hour and from the causes state above, (I) (we) (did) (did not) view the body after death.	E				CITY OR TOWN	COUNTY	STATE
		220 1 certify that (1) (this haspital saw the deceased alive an	Sept 21 19 84	ond that in (my) (our) apinio	n death occurred on the date	and hour and from the	causes stated

22d. PHYSICIAN S NAME (TYPE OR PRINT)

236 DATE

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

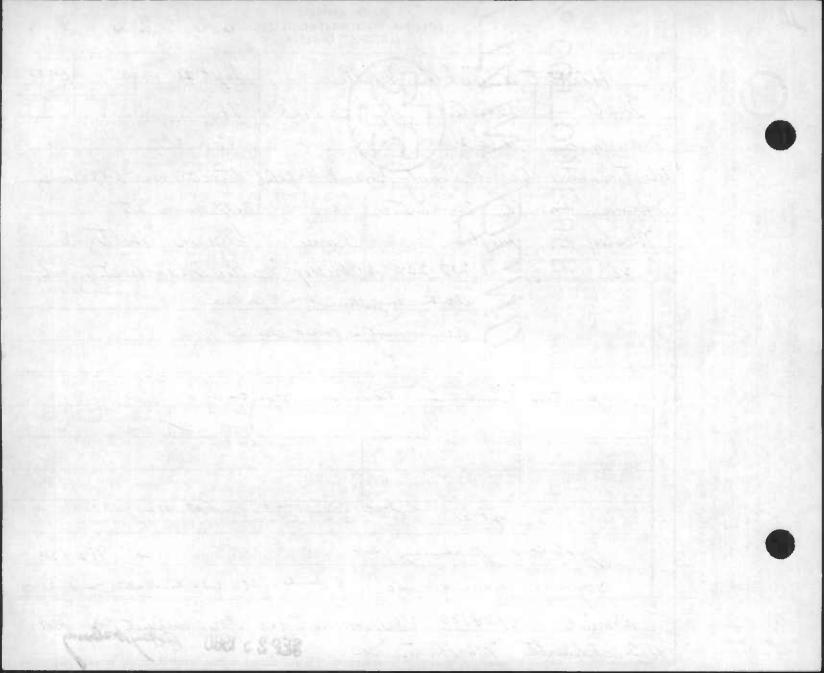
22e ADDRESS

23d. LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

SEP 2 5 1980 5184

ATTENDING PHYSICIAN



STATE OF MARYLAND

. The same of the second of th SEP 11 (14) 20 7 10 11 13

STATE OF MARYLAN

(D

	1.	STATE	DEPAR	IMENI UF H	EALTH AND MENTAL HTG	IENE O O	6- 0	U	, 0	
	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
	1 DEC	EASED NAME FIRST	MIDDLE	L	AST	TR DATE OF DEATH MONTH	DAY	YEAR	2h HOUR	
	(TYPE	OR PRINT)	./	0.	00011	a	7	80	0203.	
	-	MANITE	V	S DATE C	C 310711	& AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS	
	3 SEX	-	RACE	MONTH		/ /	MONTHS	-	HOURS MIN.	
		TEMPLE.	WHITE	8	23 14	66 Y	RS			
			CITIZEN OF WHAT COUNTRY	(? A	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DE	HTA.		
4	CC	OUNTRY) VA.	USA	WIDOWE	_	CARI	206	_	ME	
	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME		178 USUAL OCCUPATION			F BUSINESS OR	
2	11	lecer see	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	In Hora	TYPE OF WORK FOR MOST OF WORK	NG (FE) IND	USTRY	BALK	
	115114	LESIDENCE HE NURSING HOME OR OTH	CHTC/LOCK	C.O.	DEP HOU	2 chello 136	1	101	170.0	
1	13a S				134 INSIDE CITY LIMITS?	13 STREET ADDRESS	1	B	1	
b		md. CAT	noch west.	MINSK	YES NO	11/8/12	HI	101	0.	
	14 FA	THER'S NAME FIRST MIDI	DIE 1AST		IS MOTHER'S MAIDEN NAM	WE		LAST		
1	1	WTHUR	MUNT	-16	ARDENN		6	ne	AUER	
-	-	AS DECEASED EVER IN U.S. ARME	D FORCES? 164 SOCIAL SEG	CURITY NO	17 INFORMANT	ADDRESS		,		
	{Y	ES, NO OR UNKNOWN) IF YES, GIVE WA	AR OR DATES) 215-115	:4483	1.141TSR	Russell	5	11	2	
		ro -	075 00	1101	illi o e e	11000011		APPROXI	MATE INTERVAL	
		PART I DEATH WAS CAUSED B	av .					ETWEENO	INSET AND DEATH	
		IMMEDIATE (V 6	NAL	FAILURE			URY.	\$	
		4140	DUE TO, OR AS A CONSEQ	UENCE OF						
		Canditions, if any, which	(IN CONGES	STIVE	HEART FA	ILURE INTRA	TIBLE	we	EKS	
		gave rise to immediate cause 101, stating the		UENICE OF						
		underlying cause last	DUE TO, OR AS A CONSEC		ROTIC CORONK	ORN HEART TO	DISERSE	1	IEDRS	
		D. DY C. OYUT D. CO. HEIGANIX CO.	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE							
	z	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING I	O DEATH BUT	NOT KELATED TO THE TERM	HAME DISEASE ON COMPILION	4 Ola Fla Ha	TAKE TO		
	CERTIFICATION		196 CONDITION FOR WHIC	CH ODERATIO	ALWAS DEDECORATED	20e AUTOPSY? 20b	IF YES, WERI	E EINDIN	JGS LISED	
7	Q.	190 DATE OF OPERATION	148 CONDITION FOR WHIC	CH OPERATIC	IN WAS PERFORMED	INC	ERTIFYING		OF DEATH?	
χ.,	TIE					YES NO 4	YES 🗌		NO 🗌	
2	B	210 ACCIDENT WAS UNDERLYING	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART TOR	PART 2)		
7	¥	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M.	19						
	MEDIC	21d INJURY OCCURRED	21R PLACE OF INJURY		211 LOCATION	CITY OR TOWN		UNIY	STATE	
	M	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITTORIOWN	COC	10011	SIAIC	
		AT WORK AT WORK			8/2 10.80	9/	7. 19.8	6	that (1) (we) las	
		22a I certify that (I) (this haspital				death occurred an the date on			A-spensor.	
		sow the deceased alive on abave (I) (we) (did) (did not) v	new the body after death.			ocum occurred an me dole on	-			
		226 SIGNATURE	//		DEGREE	MEDICAL STAFF	77	2 DATE	SIGNED	
		Theres (h)	Mous &	Mis	ATTENDING PHYSICIAN	MEDICAL STAFF		1/2	3/80	

BP. DHMH-16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

IMPORTANT: If Item 21 is marked or Item 18 shows

(VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL

726 PHYSICIAN'S NAME (PYPE OR PRINT)

23b. DATE

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OF TOWN

O TO COLOR DE LA C A STATE OF THE PERSON OF THE P TOWNSE OF BRIDE Var story X Armous and comment of 1788 But Die Luther Myntae Atheran Concerved NO - SEAS MAD WALLEY PORTSON S/A Musical : 1/5/80 Madies Buch wasnesste Consult Pill CERTIFICATION OF THE PROPERTY OF THE PROPERTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

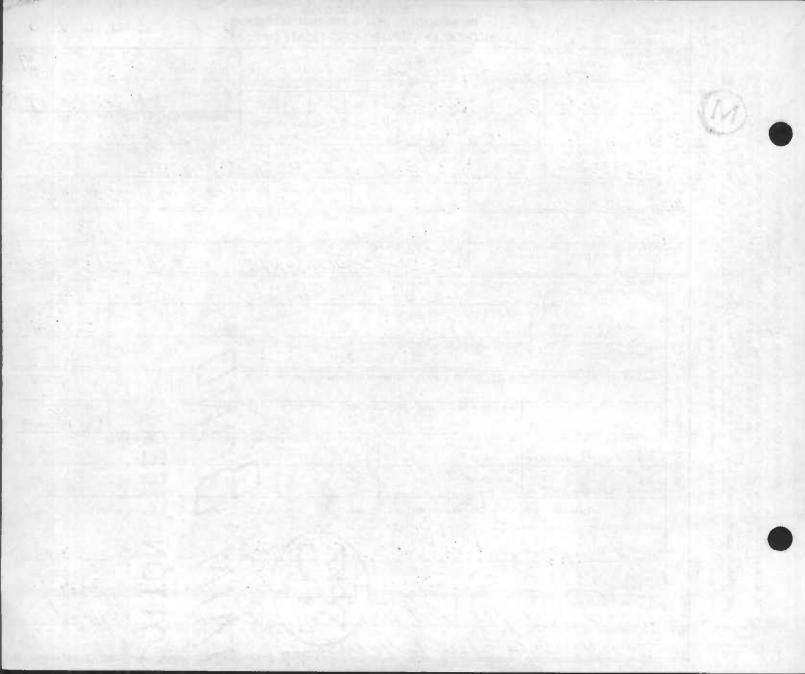
REG. NO.

		E OR PRINT)	Willia	m Cha:	rles	5	er had a	0	ATE KNOWN ESTI-	MONTH 9	DAY	PO PEAR	Phone Park
	3. SEX		White	, , , ,	1917 6. AGE (IN YEAR LAST BIRTHDA 63 YR	MONTE	DER 1 YR. IF UNDER	MIN PRON	ATE OUNCED EAD	MONTH 2	DAY 6 19	YEAR 80	21 10 July 10
,	FOR	RTHPLACE (STATE		76 CITIZEN OF WH		8 MARRI	ED NEVER MARR	IED TO 9 BAL	LTIMORE CITY	OR COUNT	Y OF DE	ATH	1
		laryland		USA		WIDOW	ED U DIVORC	ED L	arroll				MD.
)	We	stminis	ter	Carroll (PITAL, NURSING HOME, OR OTHER INSTITUTION ILLITY GIVE STREET ADDRESS! County General Hospital Purchasing agent Education Purchasing agent Purchasing agent								on
	"M	Affyland	13P CON.	r other institution, giv TY .more	13t CITY OR TOWN								
		ther's NAME harles	E	lia s	Seebode		15. MOTHER'S MAIDE Marie	Lorett	amiddle	Kro	ut 1AS	л	
	16a W	AS DECEASED EN	ER IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SECURITY		17 INFORMANT			STimo			
,		110			218-07-20	039	Mrs. The	lma M.	Schner	pfe 18	11 R	eute	rRd
		PART I DEATH Conditions,	WAS CAUSED	y one couse per loo DBY E CAUSE (a) DUE TO,	Herosel-	1 1401	lic Cord	olasen	lar De	Lesse	SETWEE	Hrs.	ND DEATH
		COUSE (a) Stating the under- lying couse last. (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
	NO	TO THE CAMBINE DISEASE OF CONDITION WITH IN CARL (U).											
7	CERTIFICATION	190 DATE OF OP	ERATION	196 CONDIT	TION FOR WHICH OPERATION WAS PERFORMED?						20 AUT		NOX
>		214 EXTERNAL C UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEAR					8 PART 1 OR PAR	1 2)		
	MEDICAL	21d INJURY OCC WHILE NAT WORK AT	OT WHILE C		FINJURY (AT HOME, DRY, FARM, ETC.)	DME, 21f. LOCATION					INTY		STATE
			at Lines charge	of course	Accident D, Sur	Autaps	Homicide , TILE (SPECIE)	Undetermined	d monner .	DATE	15 TS	Top)	180
7		EXAMINER'S NAV	Licha	DA.No	ves mb		Calva ADDRESS Wes	od Cou	where &	e Nove	1/2	105,	0,
	(SF	Buria	1	9/10/80	Holy Red		er Cem.		hore C				d
		NERAL DIRECTOR		n, 10 ^{AD} W ⁵⁵ .	Padonia R	load,	Tim SEP	9 1980	TRAR 25b. REG	SISTRAR'S SH	GNATUR	Ly	

BP. DHMH-17 (VR A15 ME (5)) 15M7/77

De South County of the second Elder C. Aderes M. CARL 6 33S - Commence of the C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN COME OF HIND OF ESTI-19CH DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED KIND OF BUSINESS OR INDUSTRY 13d INSIDE CUTY LIMITS? 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ICAL EXAMINER AL BURIAL TRANSIT P AND MENTAL HYG DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURI DEPARTMENT OF HEALTH AND PRIOR JO BURIAL, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212 220. I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my apinion Undetermined manner death resulted fram Natural causes ACTUAL SIGNATURE EXAMINER'S NAME ADDRESS TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 · (VR A15 ME (5)) 30M 7/73



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS NECESS. EXECUTE THE CERTIFICATE SHOULD BE PRODING!" IN PENCIL IN 116M 18 GIVE PAGES 1, 2, AND 3 TO THE FUNERA DECE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBALIRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED. WITHIN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HANGENE, DIVISION ORVITAL RECORDS(30) W, PREST BALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.	102	ANY DELAY IS NECESS.	ETAIN PAGE 5 FOR	DULD BE FILED, WITHIN	CORDS(301 W. PREST	3	177
O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH XECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE PAGES 1., SAGE A SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES 1 AND 2 VETER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION ORVITALITING WE WARTAIND, 21201 PRIOR TO BURIAL.	21	THE C	3.6	SHO	1 86	-	-
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIN O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFT XECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE NAGE A SHOULD BE FORWARDED TO THE CHEE MEDICAL EXAMINER ALONG WITH FOR FUNCER DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL RANSIT PERMIT PAGE INTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONAL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.	AORE, MD.	PACES 1 2	ORM PM 3	SI AND 2	NORWITAL	6	26
O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HE XECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG OF UNDER ADONG OF UNDER ADONG SHOULD BE USED AS A BURIAL ITRANSITY PERM. WHER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE ALTHONG AND MENTAL HYGIENE ALTHONG OF WARMAND OF HEALTH AND MENTAL HYGIENE ALTHONG AND AND MENTAL HYGIENE ALTHONG AND AND MENTAL HYGIENE ALTHONG AND	., BALTIA	OURS AFT	WITH F	IT PAGES	DIVISIO .		1
DIVISION OF VITAL RECORDS, 301 W. **O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED V **XECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENALAGE 4 SHOULD BE CORWARDED TO THE CHEF MEDICAL EXAMELAR. **VER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTALITINGORE, MARYTAND, 21201 PRIOR TO BURIAL! **ALTIMORE, MARYTAND, 21201 PRIOR TO BURIAL, CREWATION, OR REN	PRESTON ST	VITHIN 24 HO	NER ALONG	ANSIT PERM	AL HYGENE	AOVAL.	
O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDINAGE 4 SHOULD BE CONVARDED TO THE CHIEF MEDIO O FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A VETER DEATH, WITH THE STATE DEPARTMENT OF HEALTH ALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATINE OF THE MEDION OF THE	DS, 301 W.	XECUTED V	CAL EXAMI	BURIAL-TR	AND MENT	ION, OR REA	
O MEDICAL EXAMINER: THIS CERTIFICATE SI XECUTE THE CERTIFICATE, WRITING THE WOR AGGE 4 SHOULD BE FORWARDED TO THE CO FUNERAL DIRECTOR: PAGE 3 SHOULD BE VITER DEATH, WITH THE STATE DEPARTMENT (AL RECOR	HOULD BE E	HIEF MEDI	USED AS A	OF HEALTH	IL, CREMAT	C
O MEDICAL EXAMINER: THIS CER XECUTE THE CERTIFICATE, WRITING AGGE 4 SHOULD BE FORWARDED O FUNERAL DIRECTOR: PAGE 3.5 IVTER DEATH, WITH THE STATE DEP	ION OF VII	TIFICATE SH	TO THE C	HOULD BE	ARTMENT	R TO BURIA	-
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		O MEDICAL	AGE 4 SHOU	O FUNERAL	FTER DEATH,	ALTIMORE, M	17 0 1

~/							MARYLAND							
6		FOR STATE			DEPARTMENT O	FHEALTI	H AND MENTAL H	HYGIENE		2	3	3	7	9
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HE BE	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	12e. USUA	L OCCUPATI	ON (TYPE OF	WORK !	2b. KIND	OF BUS	INESS
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A AND A POPULATION AND	20	ryland	Carr		Westminst		YES NOX	2139	Sykes				5]	157
H 3.	14 FA	THER'S NAME		MIDDLE			15. MOTHER'S MAID	EN NAME						
OS SEAT		Ernes	3 +,	MIDDLE	Walking Eva MIDDLE Rosenberger									
PAGE FORM S I A	16a. V	AS DECEASED	DEVER IN U.S. ARM		166 SOCIAL SECUP		17 INCREASE		Α	obles tr	nins	ter,	Md.	
LU U	(1)	S, NO PRUNKNO	(IF YES, GIVE W	/AR OR DATES)	213-03-6	738	Fra Walkl	ing 2	139 Sy				2]	157
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HE TIME	ALC	UNDERLYING			MONTH DAY YE	AR								
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WAN WAN PAG 1201		AT WORK	ATWORK											
FOR PORTE	1	22a I certif	fy those think charge	at the remains day	tribed above held an	Autap	osy . Inspectio	in LZ	Inquiry	ond in	my apir	nion		
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DHMH - 17 (VR A15 ME (5))	1	HAME DIRECT	Thor	nas Dagord	etcher & S	on F.	н.	SEGID . BY R	9818AR 2	DO DE PROPERTOR	HY SER	Stepl Co.	7	
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director is should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27 3 3 8

	REGISTRAR			CERTIFI	CATE OF DEATH	REG.	NO		
	ECEASED NAME	FIRST	MIDDLE	L/	ST	20 DATE OF DEATH		DAY YEAR	26 HOUR
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3 SE	X	(4 RACE	5 DATE O		6 AGE (IN YEARS LAST B		IF WHER MAR	FIND R 4HK
	F		CAuc.	i	111/90	90	YRS	MONTHS DAYS	HOURS MIN
70 B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	CARR		U.S.A.	WIDOWE		CAR	RO11		MD
10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND O	F BUSINESS OR
m	Anches	ter	Long View No	usino	Home.	House		Hom	E
130	STATE	NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		1	
1	nd.	CAI	RROLL MANCH	tester	YES NO	Lineb.	orok	-d.	
14. FA	ATHER S NAME	A	WIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		L. IAS	1
0	AdAn		244	der	MARY	A		Sch	imidt.
160 \	WAS DECEASED E		MED FORCES? 16b SOCIAL SEC		17 INFORMANT	ADDI	RESS	Manch	ester, me
	NO		440-22	-3073	KAThrys	1 2.16 16	(15	13/13 N	MATINSI
	18 CAUSE OF D	EATH Enter onl	ly one couse per line for (a), (b) o	nd ic		/ .	1	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		IMMEDIAT	/ / .	al U	mully 0	Mislen		90	MAN
	436	Special Control	DUE TO, OR AS A CONSEQU	JENCE OF	O. 7	_ /		-	
	Conditions, if		(b) Office	1620	e wie	mu	2000	3	455
	cause 10 , s	toting the	DUE TO, OR AS A CONSEQU	JENCEOF				/	
			(c)	U					
Z	PART 2 OTHER	SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT	OT RELATED TO THE TERM		NDITION GIV	EN IN PART 1 a	5
CERTIFICATION	190 DATE OF OP	ERATION	196 CONDITION FOR WHICH	H OPERATION	L WAS PERFORMED	200 AUTOPSY?	120h IF YES	S, WERE FINDIN	JGS LISED
FE							IN CERTIF	YING CAUSES	OF DEATH?
- EE	216. ACCIDENT WAS	S UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO		S OR PART 2)	NO [
	OR CONTRIBUTING					, contains the contains	D	ANT ON TANTA	
MEDICAL	(IF EITHER, NOTIFY A		P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
ME	WHILE NE	OT WHILE T	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
		1	al) attended the deceased from	10 es	105 1	" Sen T	2)	10 6 1	
	sow the dec	eased alive on.	Sent 19 196	(g) one	that in (my) our) opinion (deoth occurred on the o	dote and hou		that we) lost
	22b. SIGNATURE		wiew the body after death.		EGREE			22c. DATE	
	1/1	NI	and 1	M	ATTENDING	MEDICAL STA		0/2	2/6-5
1	22d PHYSICIAN	S NAME (TYPE OR	PRINT	7-1	PHYSICIAN PARTICIAN PARTIC	DIRECTOR PHYS	CIAN	17 000	100
	11/	4 1	-nArd 1	10	11 32	9 1	ans	577	
23n P	BURIAL, CREMATIC	DN PEMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	LIZA LOCATION	7	41)	1167
(1	SPECIFY)	, KEMOVAL	9/25/20 2	AME OF CE	MEIERT OR CREMATORY	23d LOCATION CITY OF TOWN	.2	COUNTY	STATE
24. FL	UNERAL DIRECTO	R	1/100 /4	moun	Iscians Son DATE	REC'D. BY REGISTRAF	25b. REGIST	RAR'S SIGNAM	mac.
1	WAMEN E	laho. d	of Manda	· Les	md CE	2 5 1980	prof	ry/xels	sody
1 /	1 4. 001	- reace	U /	1000	1007 .	4 4 1444			

DHMH - 16 60M 1/75

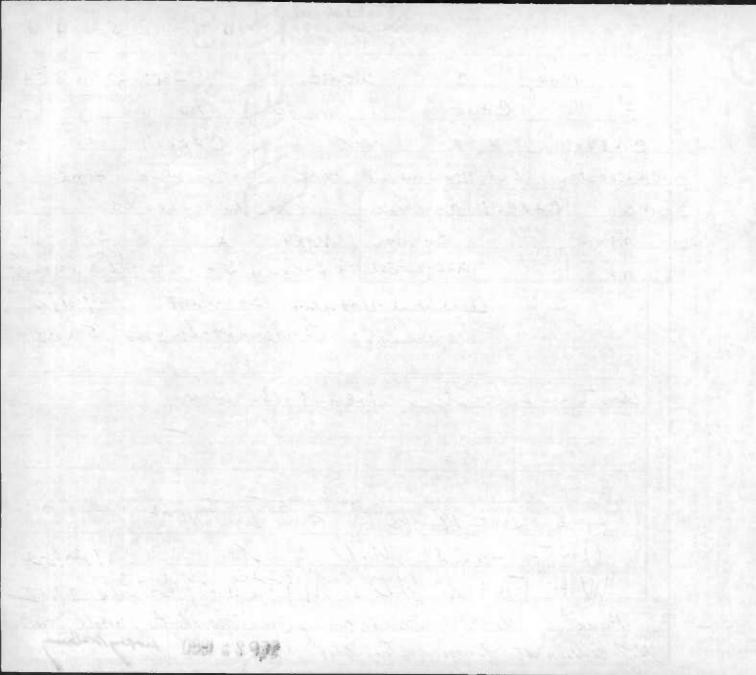
(VRA 15 (4))

BP.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.



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iding physicio

of Health and Mental Hygiene prior morked or frem 18 shows on

IMPORTANT: If Item 21 is should be detoched for with the State Dept o

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	0		
	CEASED NAME E OR PRINT)	FIRST Willia		Wilhe		LAST	20 DATE OF DEATH	MONTH D	3 1980	26 HOUR 41/5
3. SE	Male White BIRTHPLACE STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY COUNTRY				S. DATE (DF BIRTH 22, 1936 AR	6 AGE (IN YEARS LAST BAN)		IF UNDER 1 YEAR	IF NUER 24 HRS
C			TE CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI		9 BALTIMORE CITY O	RCOUNTY	OF DEATH	ME
	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN H FACILITY GIVE STREET PE HOTN T		or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O			Souge Souge
13a	AL RESIDENCE (IF NURS STATE VId.	136 COUN		GIVE RESIDENCE BEFORE 13t CITY OR TOW Hamps tead	N	13d INSIDE CITY LIMITS? YES NO #	136 STREET ADDRESS 2130 Cape I	Horn R	d.	0
	William W.	Wilhê	Lm	LAST		15 MOTHER'S MAIDEN NA Mae	ME MIRDLE		Krebs	ST.
(was deceased ever yes, no or unknown) Yes		MED FORCES? WAR OR DATES)	213-32-12		Mrs. Darlen	a Wilhelm I		ead, Me	d. (Wife
	Conditions, if ony, gove rise to improve to improve the couse on stating underlying couse.	Which nedicte in the	DUE TO, O	R AS A CONSEQUE	INCE OF	rema y	Lung		APPROX BETWEEN	rmate interval Onset and Death
MEDICAL CERTIFICATION	190 DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURE WHILE AT WO 220 I certify that	DERLYING CAUSE OF DEA AL EXAMINER) RED HILE CAUSE OF DEA AL EXAMINER) RED HILE CAUSE OF DEA AL EXAMINER)	19% COND 21b, TIME O HOUR A. 21e, PLACE (AT HOME, STE	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY OF INJURY JEET, FACTORY, OFFICE, F.	OPERATION YEAR 19	NOT RELATED TO THE TERM NAS PERFORMED 216. HOW INJUST OCCUR 216. LOCATION STREET	200 AUTOPSY? YES NO CONTROL NO CONTROL OF INJUING TO	206 IF YES IN CERTIF' YES RY IN ITEM 18, PA	, WERE FINDING CAUSES S	NGS USED S OF DEATH? NO STATE
	saw the decease			atter death	0	nd that in (my) (our) opinion	aeoth occurred on the di	ate and hour	r and from the	couses stoted

BP.

etoined by the hospitol or TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL Cremation Sept. 231. NAME OF CEMETERY OR CREMATORY

Westview Memorial

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

24 FUNERAL DIRECTOR
Eline Funeral Home Hampstead; Md. 21074

Baltimore, Md. 2112

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	4		1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE O	6.	5	0 2
9				REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0		
	-		I DEC	EASED NAME FIRST		MIDDLE	L	X57	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
pe			fire	CLAIL	e 21	12Abeth	1 6	DIXON	Sept.	25, 19	180	1010M
тау	「原」		3 SEX		4 RACE	1	5 DATE O		& AGE (IN YEARS LAST BIR	HDAY) IF U	THS DAYS	IF UNDER 74 HRS HOURS MIN
age 4	rect rs a		1	temale	Who	te	JUL	7 7 /0 -0	71	YRS		HOURS
Tues of the second	72 hoursed at	75		(THPLACE ISTATE OR FOREIGN SYNTRY)	76 CITIZEN OF	A.	MARRIED	NEVER MARRIED DIVORCED D	BALTIMORE CITY C	4 23	CELL T	· · · · ·
ter o	tun hin	-	10 CI1	Y OR TOWN OF DEATH			G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ON	12h KIND O	F BUSINESS OR
ursaf	by the ed with	10C	w	estiminster	() .	VOLL CO		u Itosp	Secreta		DIX.	ie Cup
n 24 ho	filled in ild be fill	35	USUA 13e S	1 /	NTY // /	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	Shi	Loh	Ave
driw	shou shou		I4 FA	THER'S NAME			1-1100	15 MOTHER'S MAIDEN NA		,		
uted	mplet ind 2	100		Michael	J. B	CHUEL		EsteL	LA MIDDLE	Lechi	1er las	f
exec	nd co	1	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRI 39	55 7 5L	11401	h, Ave,
te bi	Page	1		no		114-10	6011	PAULCU	1X04 /1	Aimp.	STEA	MATE INTERVAL
trfica	hysic apers noval			18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one couse pe ED BY	r line for (a), (b), and	d (C)					ONSET AND DEATH
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i e	nove mats			Conditions, if any, which gove rise to immediate	1b)_	Chrome	by	2	7			
that	by the rendered l. cre			couse (a), stoting the underlying couse last		OR AS A CONSEQUE	NCE OF			200		
urres	pleas puria pury			PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	21
v red	hen property to by		NO		HD							
e lav	is been the prior ws an	0	ATK	190 DATE OF OPERATION		DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, W	ERE FINDIN	NGS USED
ŧ		7	CERTIFICAT						YES NO	IN CERTIFYIN		NO [
IAN	ica ica sit tyg	à	CER	210 ACCIDENT WAS UNDERLYING	1.0.10		MEAD	21c HOW INJURY OCCURE		RY IN ITEM 18, PART	T OR PART 2)	
PHYSICIA	g physicis his certifi rrial-trans Mental Hi	7	ICAL	OR CONTRIBUTING CAUSE OF DI	Ain	M. MONTH DA	19					
H	B 4 - 5		MEDIC	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	MN	COUNTY	STATE
NDING	After t the bu h and narked		¥	WHILE NOT WHILE AT WORK	(AI HOME, SI	TREET, FACTORY, OFFICE, F	ARM, EIC)	314661	CITY ON TO	***	COGIVIT	SIAIC
EN	OR: Se as Healt	34		22a I certify that (I) (this has			an	721, 1980	_ to sept	75 19.	20_	that (I) (we) lost
ATTA				saw the deceased alive a above, (1) (we) (did (did n		v ofter death	on on	d that in (my) (our) opinion	death occurred on the d	ate and haur or	nd from the	couses stated
E	PIC ept ept f lt			226 SIGNATUE		. /	- 1	DEGREE			22c DATE	SIGNED
4	TAL etacl ate			Joe-	- 5-1	Janke	22	ATTENDING PHYSICIAN	MEDICAL STA	IAN D		
SP1	FUNERAL Standard	1		224 PHYSICIANS NAME (TYPE	OR PRINTS	, 0	16	22e ADDRESS	14 . (=			
O HO	retained by the I TO FUNERAL E should be detach with the State D IMPORTANT: I	1		JOHN	5- /4	ARSHE!	mo	8 ducho	At. Weste	moting	حسمل	3112
Ţ	5 TRN S		23a B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	/ (9	ughty	STATE /
	BP			BUVIAL	Sept.	27,1980 /	AKei	rew Mein PA	1K 541	Seguili	/e ()	Aust, luc
	DHMH-16 25M		24 FU	NERAL DIRECTOR	1.4	ADDRESS /	L	25e DAY	SEP 2 9 1981	256 REGISTRA	SSIGNAT	Cready
(VRA 15, 4) 1/	/9		7 / Chhir	cci 1	Much	25/60	, lua	4, 20,000			

